

Indiana Hoosier Healthwise
PDL Changes
September 2008 DUR Board Presentation

Additions to PDL with NO Clinical Edits

Chantix

Additions to PDL with Clinical Edits

NA

Removal of Clinical Edits from Existing PDL products

NA

Addition of Clinical Edits to Existing PDL products

Product	Edit
LEVAQUIN	Requests for Levaquin (levofloxacin) may be approved for the following: <ul style="list-style-type: none"> Member has a diagnosis of Community Acquired Pneumonia (CAP); OR Member has tried and failed a generic antibiotic in the previous 30 days
ADVAIR	PA criteria (step edit) to align with treatment guidelines for asthma: Inability to achieve efficacy or experiences side effects with preferred product QVAR Step edit to look back 90 days for prior use of Qvar, Serevent, Pulmicort, Aerobid, Flovent, Asmanex, or Advair
FLOVENT	PA criteria (step edit) Inability to achieve efficacy or experiences side effects with preferred product QVAR Step edit to look back 90 days for ICS prior use of Qvar, Advair, Pulmicort, Aerobid, Flovent, Asmanex, or Servent
SEREVENT	PA criteria (step edit) to align with treatment guidelines for asthma: Inability to achieve efficacy or experiences side effects with short acting beta agonist albuterol Step edit to look back 90 days for ICS prior use of Qvar, Advair, Pulmicort, Aerobid, Flovent, Asmanex, or Servent
AZASAN	Requests for Azasan (azathioprine) may be approved for the following: <ol style="list-style-type: none"> Member has tried generic azathioprine in the previous 30 days; AND Member is using the product for a FDA approved or medically accepted indication: <ul style="list-style-type: none"> Transplant prophylaxis of kidney, Rheumatoid arthritis, Transplant

	prophylaxis of heart, liver, or pancreas, Inflammatory bowel disease (Crohn's disease), Chronic active hepatitis, Biliary cirrhosis, Systemic lupus erythematosus, Glomerulonephritis, Nephrotic syndrome, Inflammatory myopathy, Myasthenia gravis, Systemic dermatomyositis (polymyositis), Pemphigoid or Pemphigus treatment, or Ulcerative colitis
BLEPHAMIDE	Requests for Blephamide (sulfacetamide sodium and prednisolone acetate) may be approved for the following: <ul style="list-style-type: none"> Member has tried and failed a generic ophthalmic antibiotic/steroid combination product in the previous 30 days (e.g. neomycin/polymixin/hydrocortisone (Cortisporin), neomycin/polymixin/dexamethasone (Maxitrol), neomycin/dexamethasone (NeoDecadron))
BACTROBAN CREAM	Requests for Bactroban (mupirocin 2%) cream may be approved for the following: <ul style="list-style-type: none"> Member has a diagnosis of secondarily infected traumatic skin lesions
ESTRADIOL TRANSDERMAL	Requests for Alora, Vivelle, Vivelle DOT, Estraderm and Estradiol TDS may be approved for the following: <ul style="list-style-type: none"> Member is female; AND Member has tried and failed an oral estrogen (conjugated estrogens, estradiol, estropipate) Note: May be approved in male patients for prostate cancer or bleeding telangiectasias
FLOMAX	Requests for Flomax (tamsulosin HCl) may be approved for the following: <ul style="list-style-type: none"> Member is male with diagnosis of Benign Prostatic Hypertrophy; AND Member has tried and failed an alpha blocker (doxazosin, terazosin, or prazosin) May approve in females for micturition difficulties
DIABETIC TEST STRIPS	Quantity Limit of 100 strips per month
TRANSDERM SCOP	Requests for Transdermal Scopolamine patch may be approved for the following: <ol style="list-style-type: none"> Member has tried and failed one of the following oral medications in the previous 30 days: <ul style="list-style-type: none"> Meclizine Prochlorperazine Metoclopramide

	<ul style="list-style-type: none"> Promethazine
VALTREX	<p>Requests for Valtrex (valacyclovir hydrochloride) may be approved for the following:</p> <ul style="list-style-type: none"> The member has a diagnosis of genital herpes simplex; OR The member has tried and failed acyclovir in the previous 30 days

Change to Non-Preferred

Product	Rationale	Alternative
ACULAR, ACULAR LS	Comparable safety and efficacy to NSAID eye drops	PDL available alternatives include Voltaren and generically available flurbiprofen
ALORA, CLIMARA, ESTRADERM, ESTRING, VAGIFEM, VIVELLE, VIVELLE DOT	Comparable safety and efficacy to oral estrogen replacement products	PDL alternatives include oral estrogen agents, premarin vaginal cream
BALZIVA 28, CESIA 28, JOLESSA 0.15/0.3, KARIVA 28, LEENA 28, NORINYL, OGESTREL, ORTHO CYCLEN-28, ORTHO TRICYCLEN-28, ORTHO EVRA, PORTIA 28, PREVIFEM, QUASENSE 0.15/0.3, SOLIA, YASMIN, YAZ, ZENCHENT 0.4	Comparable safety and efficacy to generic preferred oral contraceptive products	PDL alternatives include Apri, Ocella, Junel, TriSprintec, Trivora 28
BETIMOL, BETOPTIC S	Comparable safety and efficacy to generic preferred ophthalmic beta antagonists	PDL alternatives include carteolol, levobunolol, metipranolol, timolol
BIDIL	Comparable safety and efficacy to generic preferred products	PDL alternatives include isosorbide dinitrate and hydralazine separately
COREG CR	Comparable safety and efficacy to generic preferred product	PDL alternatives include carvedilol
LORPOX SHAMPOO	Comparable safety and efficacy to other preferred products for seborrheic dermatitis	PDL alternatives include selenium sulfide shampoo/ lotion
LUMIGAN	Comparable safety and efficacy to other preferred prostaglandin agonists for glaucoma	PDL alternative includes Xalatan